



Holy Cross School

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Phone: 204-237-4936
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Financial INFORMATION 2025-2026

IMPORTANT NOTE: All outstanding fees from the previous school years must **be paid in full** as of **January 20th, 2025**, in order to be registered for the next school year commencing in September 2025.

Tuition for 2025-2026 per Student

Grade K-8:

Registration Fee NON-REFUNDABLE (or Application Fee for new students payable with registration form)	\$150
Tuition	\$1690 *
Classroom/Activity Fee per student	\$90
School Supply Fee	\$100
Total per Student	\$2030

The tuition fees outlined above are applicable to Manitoba resident students. Please speak with the principal for further information on additional fees that may be applicable to non-Manitoba resident students. ***The \$90 fee charged in tuition is paid as a capitol funds fee to a maximum of \$200 per family and is fully receiptable.**

Please note that the registration or re-registration process is NOT COMPLETE without receipt of the NON-REFUNDABLE \$150 PER student registration fee paid in full.

Family Discount (included in Grade K-8 Table above):

Fee for second child is \$1400, fee for third child is \$1300, fee for four or more children is \$1200.

Fee Payment Options

Option 1: Payment in Full

May be made at the beginning of the school year – First day of School in September.

Option 2: Two Post-Dated Cheques (must accompany the registration form)

2 cheques, payable to Holy Cross School, should be post-dated for the 1st of September and 1st of January

Option 3: Ten Equal Monthly Payments

Ten monthly payments, processed on the 1st of each month from **September through June**. Acceptable methods are listed in the Holy Cross School Tuition Payment Plan included in this package.

Notes:

- **All fees for the old school year ended in June of the previous year, must be paid in full as of January 20, 2025, of the current school year, prior to being accepted for the next school year commencing in September.** If you have not settled your outstanding balance, your child(ren) will not be allowed to register for the new school year.
- A **surcharge of \$40** will be applied for any cheque or pre-authorized debit that is not honoured by your financial institution. If this occurs a second time, the school **will no longer accept cheques or pre-authorized as a means of payment.**
- Parents who withdraw their child(ren) from Holy Cross School during the school year will only receive a refund on tuition payments paid in advance based on payment plan of choice. In determining the refund amount, all payments made till date, **less the non-refundable Registration Fees**, will be pro-rated against the number of days for which the student has attended school within the year.
- A portion of tuition is considered a charitable donation and will be calculated according to Canada Revenue Agency's information circular #75-23. Tax receipts will be issued by end of February.
- The tuition fees may change from year to year at the discretion of the Holy Cross School Board.

Before and After Care Program Fees

Holy Cross School provides quality childcare in a safe, convenient, and caring environment for Holy Cross students in Pre-kindergarten to Grade 8. This optional program begins on the first day of classes and is available on regular school days only, including early dismissal staff meeting days.

Hours:

Before school: 7:00 a.m. - 8:20 a.m. **(charged for the full time until 8:20 am)**

After school: 3:05 p.m. - 5:30 p.m. (2:05 p.m. - 5:30 p.m. on early dismissal days)

Charges begin at 3:30 pm and 2:30 pm on early dismissal days for after care program

2024-2025 Daily Drop-in Fees:

Before Only	After Only	Before and After
\$3.50	\$5.00	\$8.50

Late Pick-up Charges:

Please note that if children are not picked up by 5:30 p.m. additional charges apply as follows:

- \$10 per child for the first 10 minutes or portion thereof; and
- \$5 per child for each 10-minute period or portion thereof to follow.

Parents will be invoiced immediately for the late fees and payment must be made **within 48 hours** of receiving the late fee notice.

Please consult the **Before and After Care Program Late Policy** for additional measures that may be taken if tardiness occurs frequently.

Payment Schedule

Each family participating in the Before and After Care program will receive a monthly invoice 5-10 business days following the end of each month. **Payment is due within 5 business days** of the invoice date and may be made using any of the payment methods listed in Option 3 of the Tuition Payment Plan.

2025-2026 TUITION PAYMENT PLAN

Please clearly print the information below:

Family Name: _____

Number of children attending HCS: _____

Names and grades of children attending HCS

Child _____ grade _____

Child _____ grade _____

Child _____ grade _____

Child _____ grade _____

Child _____ grade _____

Please check **only one** of the payment options below and provide supporting documentation where indicated:

OPTION 1 – Payment in Full

- ☐ Full tuition payments will be made on or before September 2, 2025.

OPTION 2 – Two Post-dated Cheques

- ☐ Please include two posted-dated cheques dated September 2, 2025 and February 1, 2026 with registration form.

OPTION 3 – Ten Equal Payments due on the 1st of each month from September to June as:

- Ten Pre-Authorized Debits (please include void cheque)
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- Ten Post-dated Cheques (delivered in person or via mail to the school)
☐
- Ten Interac Transfers (send to hcsemt@holycrossschool.mb.ca)
☐
- Ten Cash/Debit Card payments (payable in-person only)
☐
- Ten Credit Card payments (optional to complete section on next page)
☐

ACCEPTANCE OF TUITION PAYMENT PLAN

I _____ hereby subscribe to the Tuition Payment Plan selected above. I understand and agree to comply with the terms and conditions specified in the Holy Cross School 2025-26 Financial information. I understand that I must be and remain in good standing with the payment plan that I have indicated as my plan of choice, which means I will keep my account current.

Signature: _____

Date: _____

Please complete the following if payments are to be made by credit card:

Circle Type of Card: (Visa / MasterCard) Name on Card: _____

Card Number: _____ Expiry Date: _____ CVC _____

Signature of Cardholder indicated above: _____